

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** REGULAR

**Subject Matter::** UTILITY

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** NONE

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** PAPER

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** METHOD FOR PROTECTION AGAINST  
INTERLEAVING TRANSACTIONS USING A  
TRANSACTION MANAGER

**Attorney Docket Number::** BEAS-01338US3

**Request for Early Publication?::** NO

**Request for Non-Publication?::** NO

**Suggested Drawing Figure::** 3

**Total Drawing Sheets::** 4

**Small Entity?::** NO

**Latin name::**

**Variety denomination name::**

**Petition included?::** NO

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::** NO

## **Applicant Information**

<b>Applicant Authority Type::</b>	INVENTOR
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	FULL CAPACITY
<b>Given Name::</b>	ALEXANDER
<b>Middle Name::</b>	J.
<b>Family Name::</b>	SOMOGYI
<b>Name Suffix::</b>	
<b>City of Residence::</b>	BERNARDSVILLE
<b>State or Province of Residence::</b>	NJ
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	87 RAVINE LAKE ROAD, HAYLOFT
<b>City of mailing address::</b>	BERNARDSVILLE
<b>State or Province of mailing address::</b>	NJ
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	07924

## **Correspondence Information**

<b>Correspondence Customer Number::</b>	23910
<b>Phone number::</b>	(415) 362-3800
<b>Fax Number::</b>	(415) 362-2928
<b>Email address::</b>	SBachmann@fdml.com

## Representative Information

Representative Customer Number:: 23910

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e) Provisional	60/451,354	02/28/03

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee Name:: BEA SYSTEMS, INC.

Street of mailing address:: 2315 NORTH FIRST STREET

City of mailing address:: SAN JOSE

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95131